

(1) Legal Name of your Nonprofit Organization \_\_\_\_\_

(2) Address \_\_\_\_\_

(3) City \_\_\_\_\_

(4) State \_\_\_\_\_

(5) Zip \_\_\_\_\_

Authorized Contact Person (6)-Prefix (7)-First Name (8)-Last Name \_\_\_\_\_

(9) Title \_\_\_\_\_

(10) Phone \_\_\_\_\_

(11) Fax \_\_\_\_\_

(12) Type of Organization \_\_\_\_\_

Year Founded/Brief History \_\_\_\_\_

Primary Source of Funds \_\_\_\_\_

Is your organization Tax Exempt Under IRS 501 © (3)?

NO (13a) \_\_\_\_\_ YES, this is our EIN No# \_\_\_\_\_ - \_\_\_\_\_

(if yes, please attach IRS letter with EIN# to this form)

\_\_\_\_\_ Application is pending (if approved, grant/donation cannot be paid until permanent ruling is received)

If you answered NO to the question above, is your organization part of a municipality?

(i.e., part of city, state, town or county government. Examples are: Public School system, city recreation departments, mental health, etc.)

NO (13b) \_\_\_\_\_ YES, name of municipality \_\_\_\_\_

(16) Short Summary of Grant/Donation Request and Media inclusions: (2-3 sentences maximum)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(17) What kind of Help are you Requesting?

Monetary \_\_\_\_\_

Schrader Bucks \_\_\_\_\_

Gas Bucks \_\_\_\_\_

Carwash Bucks \_\_\_\_\_

Ice \_\_\_\_\_

Time \_\_\_\_\_

Flyers/Counter Cards/Posters in Stores \_\_\_\_\_

Other: \_\_\_\_\_

Signature of Contact Person: \_\_\_\_\_

DATE: \_\_\_\_\_